

SUPPORT GROUP REGISTRATION

Please complete and return to info@michellesparkes.com

Today's	date:
Date of	group you are registering to attend:
Name:.	Age:
Mobile	number:
Email:	
Emerge	ncy contact person (name and number):
Please read and confirm (tick all that apply):	
	I understand that the support group is not suitable for individuals experiencing physical or emotional crisis. Individuals experiencing crisis should contact their GP, or phone Lifeline on 131144, or present themselves to their nearest hospital emergency department. If life is in danger phone 000 immediately.
	I am 18 years of age or older
	I have read and agree to abide by the Group Rules (see michellesparkes.com/supportgroup)
	I understand that I must register for each group I plan on attending and that my registration will not be complete until payment has been received
	I will not turn up to the group without first receiving a confirmation text or email.
Signed:	
Date:	